City of Colorado Springs Public Works and Parks, Recreation and Cultural Services Departments Title VI Complaint Form

The City of Colorado Springs' Public Works and Parks, Recreation and Cultural Resources departments (PWD) are committed to ensuring that no person is excluded from participation in, or denied the benefits of, its transportation projects on the basis of race, color, national origin, age, gender, or disability as protected by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and related statutes and regulations in all programs, services, and activities.

Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with PWD. All complaints received are documented and assigned to the Title VI Coordinator for investigation in accordance with federal standards (28 CFR, Part 35 and FTA Circular 4702.1A) and in consultation with legal counsel. After the complaint is processed, a response will be sent to the customer filing the complaint.

To file a complaint, please complete this form to the best of your ability. If you need translation services or other assistance, contact the Title VI Coordinator at 719-385-5918 or by email at PWTitleVI@coloradosprings.gov. You may attach additional documentation to this Complaint Form as needed.

Name			
Address	City	Zip	
Phone (best number to contact you):			
Email:			
Basis of Complaint (check all that apply):			
□ Race			
□ Color			
□ National Origin			
□ Gender			
□ Age			
□ Disability			
☐ Retaliation			
☐ Other:			

against you:
Name
Organization
AddressCity
Telephone
How were you discriminated against? (Attach additional pages if more space is needed)
Where did the discrimination occur?

Please provide the following information about the person(s) you believe discriminated

ites and times disc	rimination occurred?			
thth-		-+:2		
ere there any othe	er witnesses to the discrimina	ation?		
Name	Organization/Title	Work	Home	
		Telephone	Telephone	
_				
ow would you like	to see this situation resolved	l?		
,				
ave you filed your	complaint, grievance, or laws	suit with any other ag	ency or court?	
/ho		When		
atus (pending, reso	olved, etc.)	Result, if knov	vn	
omplaint number, i	if known:	<u> </u>		

Do you have an attorney in this matter?

Name	Phone		
Address	City		
Zip			

You may attach any written materials or other information relevant to your complaint.

By signing below, you acknowledge that the information provided in this complaint is true and correct to the best of your knowledge and belief:

Your Signature			
Date			

Complaints may be submitted via mail, email, fax, or in-person to:

PWD Title VI Coordinator City of Colorado Springs Public Works Department 30 South Nevada Avenue MC410 Colorado Springs, Colorado 80903

Ph No: (719) 385-5918 Fax No: (720) 874-6611

PWTitleVI@coloradosprings.gov